Then I says poor Dinah do not wail
don't weep so, and dont cry.
Vengence is mine the Lord has said
He'll pay them bye and bye.

And, altho you'll miss Doc Herriman
He'll be more among his own
For he's partly idiot himself
so 'twill be to him like "home."

And, when our Journey is over
And, we cross the Jordan o'er
Then you and I shall wear a crown
On the glorious Heavenly shore.

For life here is but a twinkling
To eternity above,
And, we'll both be happy yonder
Where everything is Love.

[cxlii] Dr Herriman, in the annual report for 1932, reports that "with the appointment of Miss Katherine Day as social worker a great change has been effected in respect to contact with patients' families and environmental conditions and in respect to conditions concerning probationary cases." In 1933 the province officially adopted the policy of placing selected patients in approved boarding homes. Such arrangements naturally altered the conditions of the class of patient represented here. Those who could write well tended to make it out, as did their mail. Beginning in the 1930s, there are fewer letters, and more Social Service Reports.

[cxliii] See Shirley G. Morriss, ed., The Journal of John George Howard (Toronto: Ontario Heritage Foundation; Ministry of Citizenship and Culture, 198-?). Howard, the architect of the Provincial Lunatic Asylum, describes how, in the late 1840s, the first patients from the Temporary Asylum arrived by "wagonload."

[cxliv] One such "case" seems typical. On May 21, 1926 a 42 year old labourer was admitted with the symptoms of paresis: "flattened out expression of facial muscles, slurring speech, corase tremor of fingers, talks at random and shows flights of ideas. Memory and orientation patchy." In July of 1926 he was given a series of treatments of suphoxyl salvarsan and bismuth. By Novemer of 1926 he had become depressed and had to be tube fed. He received another series of salvarsan treatments in January of 1827 and one D.R.F. thought that he had improved physically if not mentally. The patient polished the floor. In July he suffered an "epileptiform seizure" and in late July appeared to be failing, but by 1928 he was receiving non-specific protein therapy and seemed brighter. In the early 30s he eloped several times, once gettinga s far as his borhter's house. In October of 1932 his Wasserman was negative. In the late 1930s he is described as "a paretic who works about the hall" and "hangs about the ward doors trying to escape." It is difficult to gauge the degree of his "recovery," as he spoke little English. The doctors had initially interviewed him through an interpreter.

[cxlv] The Medical Superintendents during this period were the following: Dr. J.M. Forster, 1911-1920; Dr. Harvey Clare, 1920-1925; Dr. F.S. Vrooman, 1925-1928; Dr. H.A. McKay, 1928-1930. By 1922 it had become clear that the Queen Street institution could not be closed. In 1923 a series of long-delayed improvements began, including (finally!) the installation of a new steam-heating system and improved hydrotherapeutic appliances. In 1924 Salvarsan was introduced to treat patients suffering from general paresis, and malarial treatment was started in 1933. Other more "heroic" therapies, like shock therapy using metrazol or insulin, were introduced in 1938 for the treatment of schizophrenia. Electroshock was not introduced till 1943. See Gifford Price, A History of the Ontario